PERMITTEE No.ME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME: ADDRESS: ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD. **ANCHORAGE**

AK 99503-3898

DISCHARGE MONITORING REPORT (DMR) AK0022551

PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502 ATTNI

MARK DREMORE CENIMOR AMANALL

MONITORING PERIOD 05 | 12 | 31 05 | 12 | 01 ΤÖ FROM

*** NO DISCHARGE

POS 01/27/06 V

ATTN: MARK PREMO	P.E. GEN MGR	AWWU NOTE: Read instru								tructions before completing this form.				
PARAMETER		QUANTITY OR LOADING					NO.	FREQUENCY OF	SAMPLE					
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****		EIMED	*****	12.2	(04)	N/A	FOUR/ WEEK	GRAB			
00010 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	***	注的软件实验	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	****	*****	MALL	1 2 2006 U	*****	12.4	(04)	N/A	FOUR/ WEEK	GRAB			
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	李祖传 李宗体	****** Offic	U.S. EP E OP COMPLIA	HEGICHPARTER NCE AND ENFORCEMENT	火火火火火	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	***	1.5	*****	****	(19)	N/A	FOUR/ WEEK	GRAB			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	****	****	REPORT MO MIN	*****	体体外体体体	MG/L		FOUR/ WEEK	GRAB			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEA\$UREMENT	50018	*****	(26)	*****	226	*****	(19)	N/A	FOUR/ WEEK ¹⁾	COMP24 ²⁾			
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	老女女女女女	LBS/DY	*****	REPORT MO AVG	****	MG/L		FOUR/ WEEK	COMP 24			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	41685	(26)	*****	*****	192	(19)	0	FOUR/ WEEK 1)	COMP24 ²⁾			
00310 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	*****	300 DAILY MX	MG/L		FOUR/ WEEK	COMP 24			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	35485	38844	(26)	*****	160	178	(19)	0	FOUR/ WEEK 1)	COMP24 ²⁾			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24			
PH	SAMPLE MEASUREMENT	****	*****	****	7.1	*****	7.7	(12)	N/A	FOUR/ WEEK	GRAB			
00400 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	******	****	REPORT MINIMUM	光 ·光·光·光·光·	REPORT MAXIMUM	SU		FOUR/ WEEK	GRAB			
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS									ONE	DATE				
J. Kris Warren Bamediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant.														
Manager, Treatment D	ivision PENAL		SE INFORMATION, INCLUDING 1 AND 33 U.S.C. §1319. (Penalties t			IGNATURE OF PRINC		(907)564-2	799	06/01/09				
TYPED OR PRINTED	\$10,000	and or maximum imprisonment of	f between 6 months and 5 years.)		<u> </u>	OFFICER OR AUTHO		AREA CODE N		YEAR MO DAY 5;p/n11090;v5.01;4/1/96. Rev. 1/05, BN				
COMMENT AND EXPLANATION OF A	NY VIOLATIONS	(Reference all attachm	ents here)		\mathcal{L}		Forms by V	чивомспет(707)	004-0845;p	######################################	/90. KeV. 1/05, BN			

1) Two extra BOD tests run in December to make up for invalid tests the previous month. 2) Effluent sampler was mistakenly on time composite, rather than flow composite, for the 12/26 & 27/05 samples.

PAGE 1 OF 3

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF ADDRESS:

3000 ARCTIC BLVD.

ANCHORAGE AK 99503

AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) È - FINAL

FACILITY:

ATTN:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE. AK 99502

MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD 05 | 12 | 01 FROM TO 05 | 12 | 31

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER		QUAN	TITY OR LOADING			SHANTITY OF COMO	ENTRATION			FREQUENCY	li .		
	PARAMETER QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO.	OF	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE		
PH	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	7.3	(12)	0	FOUR/ WEEK	GRAB		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	老女女女女	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	50798	*****	(26)	*****	229	*****	(19)	N/A	FOUR/ WEEK	COMP24 1)		
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	老本本有本本	LBS/DAY	*****	REPORT MO AVG	*******	MG/L		FOUR/ WEEK	COMP24		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	17944	(26)	*****	****	74	(19)	0	FOUR/ WEEK	COMP24 1)		
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	法法有法法法	57000 DAILY MX	LBS/DAY	关系完全关	23222	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11731	13320	(26)	*****	53	63	(19)	0	FOUR/ WEEK	COMP24 ¹⁾		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51000 MQ AVG	54000 WKLY AVG	LBS/DAY	亲考 关杂类	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24		
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	****	*****	19.6	****	(19)	N/A	ONCE/ MONTH	COMP24		
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	**************************************	****	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/ MONTH	COMP24		
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****	*****	****	*****	19	*****	(30)	0	THREE/ WEEK 2)	GRAB		
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	非 次表於非本	***	- **E**C	850 NAØŒO	*****	MPN/ 100ML		THREE/	GRAB		
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	26.797	*****	(03)	*****	*****	*****	****	N/A	CONTIN UOUS	RCORDR		
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	本本大大大 大	MGD	U U JAN I	2 2006 <i>U</i> /	** ***	**** TELEPH		CONTIN LIOUS	RCORDR		
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AN FAMILIAR WITH S. EPA BEGION 18 THE INFORMATION SUBMITTED HEREN; AND BASED ON MY INQUIRY OF THE SUBMITTED MPLIANCE AND PRESENTAL AMBRICAL AND FORESTELL AND FORESTELL AND FORESTELL AMBRICAL AMBRICAL AND FORESTELL AMBRICAL AMBRIC										DATE			
INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT													
Manager, Treatment Div	IMPRIS	OMMENT. SEE 18 U.S.C. §1001	SE INFORMATION, INCLUDING AND 33 U.S.C. §1319. (Penalties		TY OF FINE AND any include fines up to	GNATURE OF PRINC		(907)564-2799 06/01/09			1/09		
TYPED OR PRINTED COMMENT AND EXPLANATION OF AN	1 '	and or maximum imprisonment of		<u> </u>		OFFICER OR AUTHO	*	T AREA CODE NUMBER YEAR MO DAY Forms by WindowChem(707)864-0845;p/n11090;v5.01;4/1/96, Rev. 1/05, BN					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Effluent sampler was mistakenly on time composite, rather than flow composite, for the 12/26 & 27/05 samples. 2) FC scheduled for 12/17/05 was mistakenly not set up, so there were only two tests that week. Extra sample run following week to compensate.

PERMITTEE NAME/ADDRESS:

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3000 ARCTIC BLVD. **ANCHORAGE**

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502

MADE DEMO DE GENEMOD AMANUL

MONITORING PERIOD 05 | 12 | 01 05 | 12 | 31 FROM TO

*** NO DISCHARGE

ATTN: MARK PREMO P.E. GEN MGR. AWWU					NOTE: Read instructions before completing this form.							
PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	0.4	(19)	0	EVERY 3 HRS	GRAB	
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	建设的统治的	水水 电电影电	****	法安全证券	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB	
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	***	29	*****	*****	(23)	**	MONTH	CALCTD	
81010 K 0 0 PERCENT REMOVAL	PERMIT RECUIREMENT	******	*****	****	REPORT MO AVG	****	*****	PER- CENT	N/A	AND WILES	CALCTD	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	77	****	*****	(23)	N/A		CALCTD	
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	****	水水水水水	****	REPORT MO AVG	*****	******	PER- CENT	N/A	ONCE/ MONTH	CALCTD	
									anana.	4-11-11-11-11-11-11-11-11-11-11-11-11-11	070000000000000000	
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NAME / TITLE PRINCIPAL EXECUTIV			V THAT I HAVE PERSONALLY I				PFFICE OF COMP	MELEDIA	ONE	DA	TE	
J. Kris Warren MAGDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT								ANCE AND EN	FORCE	IENT		
IMPRI		THES FOR SUBMITTING FAL SONMENT, SEE 18 U.S.C. §1001	SE INFORMATION, INCLUDING AND 33 U.S.C. §1319. (Penalties	THE POSSIBILI	TY OF FINE AND //S	IGNATURE OF PRINC	IPAL EXECUTIVE	(307)30+2733 00/01/00				
TYPED OR PRINTED COMMENT AND EXPLANATION OF A		0 and or maximum imprisonment of			<u> </u>	OFFICER OR AUTHO		AREA CODE NO VindowChem(707)		YEAR N 0/0114/1/205,01;4/1/	VIO DAY /96, Rev. 1/05, BN	
COMMENT AND EXCENSION OF A	AL AIGEMPONS	(Nererence an auaginn	ento nerej				•		-			

** Letter of explanation attached for the less than 30% BOD removal. This requirement is not found in the permit, so it was not noted in this DMR as an exceedance of the permit.